

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049803

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12333

STATE FILE NUMBER

FILED DEC 20 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY St. Louis

c. CITY OR TOWN

Webster Groves

Inside Limits

Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Deaconess Hospital

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

1520 Grant Rd.

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

EDWIN DEVEAR MYERS

4. DATE OF DEATH

Month

Day

Year

12-11-1963

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-5-1900

9. AGE (last birthday)

63

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Instructor

10b. KIND OF BUSINESS OR INDUSTRY

Schools

11. BIRTHPLACE (City and state or country)

Iowa

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Wm. T. Myers

13b. MOTHER'S MAIDEN NAME

Nancy Faucett

14. NAME OF HUSBAND OR WIFE

Novella Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

54

17. INFORMANT

Mrs. E. D. Myers 1520 Grant Rd.

18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Coronary Infarction

INTERVAL BETWEEN ONSET AND DEATH

4 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arterio-sclerosis?

DUE TO (c)

Hypertension

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

4201

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Dec 7 1963 to Dec 11/63 and last saw her alive on Dec 11 1963
Death occurred at about 11:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

H. Victor Reese M.D.

22b. ADDRESS

1520 E Lockwood Webster Groves Mo.

22c. DATE SIGNED

12/13/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

12-14-1963

23c. NAME OF CEMETERY OR CREMATORY

Local

23d. LOCATION (City, town, or county)

New Boston Ill.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Parker-Aldrich Webster Groves Mo.

25. DATE RECD. BY LOCAL REG.

DEC 13 1963

26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4395

P. O. Address Wabster Groves Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.